

**APTITUDE  
NURS & PRY SCHOOL**



# Aptitude

*Nursery & Primary School*

## Application for Admission

Start Date \_\_\_\_\_ 20\_\_

Ad. Date \_\_\_\_\_ Grade \_\_\_\_\_

Entry Age: \_\_\_\_\_ Yr. \_\_\_\_\_ M \_\_\_\_\_

Exit Date: \_\_\_\_\_

Forwarding address: \_\_\_\_\_

\_\_\_\_\_

Office Use Only

Child's Family Name:		Given Names:	
Date of Birth: Day _____	Month _____	20__	Sex (M or F) _____ Place in Family _____ of _____ children
Place of Birth:		Nationality:	
Previous school attended: <i>Please give full postal address</i>			
School _____	Address _____		Dates _____
_____			
_____			
Former Class: _____	When started in previous school? Month _____		20__ Left: Month _____ 20__
Family Religion: _____		Estimated length of stay at this school: _____ years	
Pupil's Mother Tongue: _____			
First Language Spoken in the Home: _____ 2 <sup>nd</sup> : _____			
List any other languages spoken at home: _____			
Child living with: <i>(Please tick)</i> Both Parents: <input type="checkbox"/> Mother: <input type="checkbox"/> Father: <input type="checkbox"/> Guardian: <input type="checkbox"/>			
Father's Name: _____		Nationality: _____	
Mother's Name: _____		Nationality: _____	
Father's Occupation _____		Mother's Occupation: _____	
Father's Work Address: _____ <i>(If working at home put – At home)</i>		Mother's Work Address: _____ <i>(If working at home put – At home)</i>	
Work Tel. _____	Email _____	Work Tel. _____	Email _____
Legal Guardian's Full Name, Address & Occupation _____			
_____			
_____			
Home Tel. _____	Mobile No. _____	Email _____	

Postal Address - for all correspondence. *If the same as the work or home address mark accordingly.*

Fees are to be paid (please tick) Privately:  or by Company:

Company Postal Address - *only if fees are subsidised by a company. If the same as the work address mark accordingly*

Has the child eyes been tested? Yes \_\_\_ No \_\_\_

Has the child hearing been tested? Yes \_\_\_ No \_\_\_

Does the child wear glasses? (Please tick)

Does the child have good hearing? (Please tick)

No:

For reading only:

Always:

Yes:

No:

Note any behavioural and/or emotional problems the child may have.

State fully any health problems the child has (including Sickle-Cell Anaemia)

Name of family doctor

Doctor's Tel.

Emergency contact name:

Address:

Tel.

#### ANY OTHER INFORMATION

Please note any information which might be helpful to your child's teacher (for example; your child's favourite school subject, the name he/she prefers to answer to, hobbies, favourite sports, special skills)

Name of person signing.

Relationship to child.

Signature.

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ 19\_\_\_\_

*The birth certificate or passport of the child as well as his/her last school report must be produced before a child is placed in a class.*